POSITION DESCRIPTION (Please Read Instructions on the Back)									1. Agency Position No. MZ12345		
2. Reason for Submission  Redescription  Reestablishment		3. Service		4. Employing Office Location NAVHOSP JAX		5. Duty Station BASE MED CLINIC, MARIETTA, GA			6. OPM Certification No.		
Explanation (Show any position replaced)  7. Fair Labor					ard Act	8. Financial Statements Required			9. Subject to IA Action		
DExempt 10. Position Status Competitive						Nonexempt Executive Personnel Employment and Financial Disclosure Financial Inters		☐ Yes ☐ No			
						11,Position Is Supervisory  12. Sensitivity  1Non Sensitive  3Critical			13. Competitive Level Code 0001		
				Excepted (Specify in Remarks) SES (Gen.) SES (CR)		Managerial 2Non-critical 4special Sensitive			14. Agency use		
15. Classified/Graded by		Offic	cial Title of Po	sition	SES (CR)	Pay Plan	Occupational C		Initials	Date	
a. Office of Per- sonnel Management											
b. Department, Agency or											
Establishment	Establishment										
c. Second Level Review											
d. First Level Review	MANAGE	MENT ASSIST	TANT (OA)			GS	0344	06	ww	05/22/00	
e. Recommended by Supervisor or Initiation Office	MANAGEN	MENT ASSIST	TANT (OA)			GS	0344	06			
16. Organizational Title of Position (if different from official title) NAVAL HOSPITAL JACKSONVILLE						17. Name of Employee (if vacant, specify)					
18. Department, Agency, or Establishment DIRECTORATE FOR OPERATIONAL MEDICINE					c. Third Subdivision						
a. First Subdivision					d. Fourth Subdivision						
BRANCH MEDICAL CLINIC, MARIETTA b. Second Subdivision					e. Fifth Subdivision						
b. Second Subdivision						S. I. II. Subdivision					
19. Employee Review-This is an accurate description of the major duties						Signature of Employee (optional)					
20. Supervisory Certification: I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the						knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statues or or their implementing regulations.					
a. Typed Name and Title of Immediate Supervisor						b. Typed Name and Title of Higher-Level supervisor or manager (optional)					
ALBERT EINSTEIN, LCDR, USN OIC, BRANCH MEDICAL CLINIC, ATLANTA											
Signature				Date	Signature	Signature Date					
21. Classification/Job Grading Certification: I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel management or, if no published standards apply directly, consistently with the most Applicable published standards.						22. Position Classification Standards Used in Classifying/Grading Position OPM PCS for GS-0344, TS 124 Dated 05/93					
Typed Name and Title of Official Taking Action MARTHA WASHINGTON Personnel Staffing & Classification Specialist						Information for Employees: The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from					
Signature Date					the personnel office or the U.S. Office of Personnel Management.						
23. Position Review	Initials	Date	Initials	Date	Initials	Date	Initials	Date	Initials	Date	
a. Employee (optional)		<u> </u>		<u> </u>							
b. Supervisor		<u> </u>									
c. Classifier		 			<u> </u>						
24. Remarks BUS CODE: 7777				-							
25. Description of M	lajor Duties	and Respons	ibilities (See A	Attached)							